

PCN:	PROJECT NAME:	PAGE ____ OF ____
CHANGE NUMBER:	CHANGE EVALUATION	DATE:
CHANGE TITLE:		

1. IMPACT AREAS (Explain in Block 6):

<input type="checkbox"/> ASE	<input type="checkbox"/> GCEL	<input type="checkbox"/> Interfaces	<input type="checkbox"/> Documentation	<input type="checkbox"/> GSE	<input type="checkbox"/> Payloads
<input type="checkbox"/> Flight Operations	<input type="checkbox"/> Producibility	<input type="checkbox"/> Safety	<input type="checkbox"/> Quality	<input type="checkbox"/> Ground Operations	<input type="checkbox"/> Reliability
<input type="checkbox"/> Spares	<input type="checkbox"/> Software	<input type="checkbox"/> Maintainability	<input type="checkbox"/> Turnaround	<input type="checkbox"/> Test	<input type="checkbox"/> Facilities
<input type="checkbox"/> Performance	<input type="checkbox"/> Environment	<input type="checkbox"/> Other (Specify): _____			

2. HARDWARE IMPACT: <div style="text-align: center;">YES NO</div> Existing hardware rework required? <input type="checkbox"/> <input type="checkbox"/> Mod Kit required? <input type="checkbox"/> <input type="checkbox"/>	3. SPECIFIC IMPACTS: <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Weight</div> <div><input type="checkbox"/> Memory</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Thermal</div> <div><input type="checkbox"/> Power</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Schedule</div> <div><input type="checkbox"/> Cost per flight</div> </div>	4. COST IMPACT (Excluding cost per flight): FY- _____ Cost: _____ FY- _____ Cost: _____ FY- _____ Cost: _____ FY- _____ Cost: _____ <div style="text-align: right;">Remainder: _____</div> <div style="text-align: right;">Total Cost: _____</div>
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5. DESCRIPTION OF ACTIONS REQUIRED BY EVALUATOR IF CHANGE IS APPROVED. Identify required contract and/or document (Specs, ICDs, DWGs, etc.) changes by number. (Use page 2 if necessary):

6. RECOMMENDATION (Use page 2 if necessary):

<input type="checkbox"/> Acceptable as written	<input type="checkbox"/> Unacceptable (State reasons below)
<input type="checkbox"/> Acceptable with changes (Describe changes below)	<input type="checkbox"/> Not applicable to this office

7. EVALUATOR'S NAME:	MAIL CODE:	SIGNATURE:	PHONE:	DATE:
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CHANGE EVALUATION PREPARATION INSTRUCTIONS

- PCN: Enter Program Control Number (PCN) from the ECR/ECP being evaluated.
- Project Name: Enter the project name that the Engineering Change Request or Proposal is related to.
- Change Number: Enter the number assigned to the Change Request or Proposal that is being evaluated.
- Change Title: Enter the exact title recorded on the Change Request or Proposal being evaluated.
- Block 1: Impact Areas - Indicate the areas that may be affected by the implementation or the disapproval of the proposed change. In either case, an explanation must be given to justify the recommendation of the evaluator. Describe the specific impacts for each indicated area in Block 6.
- NOTE:** Impact area acronyms are:
ASE - Automatic Support Equipment
GCEL - Ground Control Experiment Laboratory
GSE - Ground Support Equipment
The remaining items are self-explanatory
- Block 2: Hardware Impacts - This block must be completed to allow the Program/Project to identify existing hardware affected by this change and the method of modification required.
- Block 3: Specific Impacts - This block must be completed to determine the mandatory nature of the change relative to available resources. Indicate the areas impacted by this change.
- Block 4: Cost Impact - Enter the cost of the proposed change per fiscal year.
- Block 5: Description of Actions Required By Evaluator If Change Is Approved - List other documentation affected by this change or other actions that will be required if the change is approved. This information is necessary to allow the appropriate control board to assign the proper actions needed to successfully implement the proposed change.
- Block 6: Recommendation - Enter the evaluator's recommended change disposition. Provide specific changes, rationale, or change impacts to support the recommendation.

NOTE: All Blocks require an entry. N/A should be entered when there is no application.

PCN:	PROJECT NAME:	PAGE ____ OF ____
CHANGE NUMBER:	CHANGE EVALUATION (CONTINUED)	DATE:

CHANGE EVALUATION (Continued): (Refer to item number and title block from page 1 of the Change Evaluation form.)